

Paula Briggs, MBChB, FFSRH

Contraceptive Lead, May Logan Centre, Liverpool  
L20 5DQ, UK; paulaeb@aol.com

**Competing interests** None.

**Provenance and peer review**

Commissioned; internally peer reviewed.

*J Fam Plann Reprod Health Care* 2013;**39**:230.

doi:10.1136/jfprhc-2013-100640

## REFERENCES

- 1 Holden SE. Comment on 'Impact of UK Medical Eligibility Criteria implementation on prescribing of combined hormonal contraceptives'. *J Fam Plann Reprod Health Care* 2013;**39**:229–230.
- 2 Briggs PE, Praet CA, Humphreys SC, *et al.* Impact of UK Medical Eligibility Criteria implementation on prescribing of combined hormonal contraceptives. *J Fam Plann Reprod Health Care* 2013;**39**:190–196.

## Comment on 'Impact of UK Medical Eligibility Criteria implementation on prescribing of combined hormonal contraceptives': author's response

On behalf of all the authors I would like to thank Sarah Holden for her comments<sup>1</sup> on our recently published article.<sup>2</sup>

When designing the study, we recognised that the majority of women receive their contraception from their general practitioner (GP). Our study compares the prescribing habits of GPs in 2005 pre-UK Medical Eligibility Criteria (pre-UKMEC) to those in 2010 (post-UKMEC).

Whilst the authors realise that this does not reflect total contraceptive usage in the UK, it does compare women prescribed combined hormonal contraceptives (CHCs) by their GPs in 2005 to a similar group of women in 2010. Consequently we presume that we are comparing 'apples' with 'apples' and therefore our conclusion that there was "a reduction in prescribing of CHCs to higher-risk women after publication of UKMEC, a large number of women with Category 3 or 4 risk factors are still prescribed CHCs" is valid and is worth publicising to the reproductive health clinical community.